

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> HO-P02190US1	
		<b>First Inventor</b> Nicholas Thomas	
		<b>Title</b> MICROFABRICATED APPARATUS FOR CELL BASED ASSAYS	
		<b>Express Mail Label No.</b> ER147056813US	

22154 U.S. PTO  
10/650412  
08/28/03

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>24</b>]</span> <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>2</b>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>  </b>]</span><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul></li></ul></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span> <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span></p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input checked="" type="checkbox"/> Other: <span style="border: 1px solid black; padding: 2px;">Transfer of Information Disclosure Statement</span></p>	
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>09/673,169</b></p> <p>Prior application information: Examiner <b>William H. Beisner</b> Art Unit: <b>1744</b></p> <p><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
<b>19. CORRESPONDENCE ADDRESS</b>			
<p><input checked="" type="checkbox"/> Customer Number: <b>26271</b> OR <input type="checkbox"/> Correspondence address below</p>			
<p>Name <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span></p>			
<p>Address <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span></p>			
<p>City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p>		<p>State <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span></p>	<p>Zip Code <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span></p>
<p>Country <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span></p>	<p>Telephone <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p>	<p>Fax <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span></p>	
<p>Name (Print/Type) <b>Melissa W. Acosta</b></p>		<p>Registration No. (Attorney/Agent) <b>45,872</b></p>	
<p>Signature </p>		<p>Date <b>August 28, 2003</b></p>	

**Transmittal-New Utility Patent Application**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER147056813US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, Alexandria, VA 22313, on the date shown below.

Dated: August 28, 2003      Signature: Staci Harris (Staci Harris)

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 0;">Effective 01/01/2003, Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>Not Yet Assigned</td></tr> <tr><td>Filing Date</td><td>August 28, 2003</td></tr> <tr><td>First Named Inventor</td><td>Nicholas Thomas</td></tr> <tr><td>Examiner Name</td><td>Not Yet Assigned</td></tr> <tr><td>Art Unit</td><td>N/A</td></tr> <tr><td>Attorney Docket No.</td><td>HO-P02190US1</td></tr> </table>		Application Number	Not Yet Assigned	Filing Date	August 28, 2003	First Named Inventor	Nicholas Thomas	Examiner Name	Not Yet Assigned	Art Unit	N/A	Attorney Docket No.	HO-P02190US1
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 375.00															

  

<p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check              <input type="checkbox"/> Credit Card              <input type="checkbox"/> Money Order              <input type="checkbox"/> Other              <input type="checkbox"/> None         </p> <p> <input type="checkbox"/> Deposit Account:            Deposit Account Number: 06-2375            Deposit Account Name: Fulbright &amp; Jaworski L.L.P.         </p> <p>The Director is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below              <input checked="" type="checkbox"/> Credit any overpayments         </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application         </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">1. 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EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <p>           Total Claims: <input type="text"/> -20** = <input type="text"/> x <input type="text"/> = <input type="text"/>            Independent Claims: <input type="text"/> -3** = <input type="text"/> x <input type="text"/> = <input type="text"/>            Multiple Dependent: <input type="text"/> = <input type="text"/> </p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> <tr> <td>1202 18</td> <td></td> <td>2202 9</td> <td></td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 84</td> <td></td> <td>2201 42</td> <td></td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 280</td> <td></td> <td>2203 140</td> <td></td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204 84</td> <td></td> <td>2204 42</td> <td></td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td></td> <td>2205 9</td> <td></td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b></td> <td><b>0.00</b></td> <td colspan="2"></td> </tr> </table> <p>**or number previously paid, if greater; For Reissues, see above</p>	1. 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<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Melissa W. Acosta	Registration No. (Attorney/Agent)	45,872
Signature		Telephone	(713) 651-5407
		Date	August 28, 2003

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Application No. (if known):

Attorney Docket No.: HO-P02190US1

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Application Data Sheet